CAMPAIGN FINANCIAL DISCLOSURE STATEMENT >

For State and Local Candidates For Single-Candidate Committees

ror Single-Candidate Committees										
1. DA	April 17, 2009	2.a. NAMEOFCA			nmitte					
2.b. IF	COMMITTEE, NAME OF CANDIDATE Ray Minner	1 May	7.17.17	ici Cor	3. ELECTION DA	~ -				
Str	MPAIGN ADDRESS AND PHONE eet or Rural Route 120 Silver Lane	City Apison	1	State TN	Zip Code 3 7362	Phone 423-236-5997				
	NDIDATE'S HOME ADDRESS (if differen eet or Rural Route	t than 4.a.) City		State	Zip Code	Phone				
Colles	FICE SOUGHT (include district number, i Geda & City (ommss)	f applicable)			TREASURER (may					
QL	TEGORY OR REPORT (Check one)	FOURTH QUARTER	PRE- PRIMARY	PRE! GENERAL	MID-YEAR SUPPLEMENT					
0.a. DE	Feb. 22, 2009		8.D. ENDING		ORTING PERIOD	9				
a.	9. (Check one) a. This campaign is exempt from detailed disclosure because contributions (including in-kind) received total \$1,000 or less AND expenditures total \$1,000 or less for this reporting period. (Complete items 12d., 12e. and 12f.) b. This campaign is required to file a detailed financial disclosure because contributions (including in-kind) received total more than \$1,000 and/or expenditures total more than \$1,000 for this reporting period.									
Fi	10. I/we do solemnly swear or affirm that the information contained in this campaign financial disclosure report is true and that this report is an accurate accounting of campaign contributions and expenditures required to be reported by the candidate committee by the Campaign Financial Disclosure Act. Additionally, I/we swear or affirm that no campaign contributions have been expended for the personal financial benefit of the candidate or for any other nonpolitical purpose as defined by the federal internal revenue code. 4/17/09 signature of candidate date signature of political treasurer date									
11. W	Colanic R. Burns Signature of witness	4-17-09 date		Chlink	P. Bunnature of witness	us <u>4-17-09</u>				
12. SU	MMARY				and the same and the same					
a.	BALANCE ON HAND LAST REPORT TOTAL RECEIPTS THIS PERIOD				\$ 327.5	3_				
b.	TOTAL RECEIPTS THIS PERIOD				\$ -0-					
c.	TOTAL DISBURSEMENTS THIS PERIOD				\$ 321.5	3				
d.	BALANCE ON HAND (12.a. plus 12.b. r									
е.	TOTAL LOANS O 914 TANPING	19A 2005				\$				
f.	TOTAL OBLIGATIONS OUTSTANDING (*					
ACTION.	ของ หัดมาให้ง	riv								



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SUMMARY PAGE - CANDIDATE

13. NAME OF CANDIDATE OR COMMITTEE (In Full)		14. REPORT CO	OVERING THE PERIOD						
		FROM:	TO:						
RECEIPTS 15. CONTRIBUTIONS (other than loans and interest)									
a. Unitemized Contributions (\$100 or less from each source this pe	eriod)	\$							
b. Itemized Contributions (over \$100 from each source this period)		\$							
c. TOTAL CONTRIBUTIONS (other than loans and interest)(add 1	\$								
16. LOANS RECEIVED THIS REPORTING PERIOD			\$						
17. INTEREST RECEIVED THIS REPORTING PERIOD			\$						
18. TOTAL RECEIPTS (add 15.c., 16., and 17.) (must be shown in iter	m 12.b.)		\$						
DISBURSEMENTS	***************************************								
19. EXPENDITURES (other than loan payments)									
a. Expenditures (\$100 or less each payee this period) (must be listed	d by category - e	e.g., printing, postag	ge, gasoline)						
	\$								
	\$								
	\$								
	\$								
	\$								
	\$								
	\$								
	\$								
	\$								
Total of Expenditures (\$100 or less each payee)		-							
b. Itemized Expenditures (Over \$100 each payee this period)									
c. TOTAL EXPENDITURES (other than loan repayments)(add 19.a. a									
20. LOAN REPAYMENTS MADE THIS PERIOD									
21. TOTAL DISBURSEMENTS (add 19.c. and 20.) (must be shown in	item 12.c.)		\$						
22.IN-KIND CONTRIBUTIONS									
a. Unitemized in-kind contributions (\$100 or less from each source th	is period)	\$							
b. Itemized in-kind contributions (over \$100 from each source this per	riod)	\$							
c. TOTAL IN-KIND CONTRIBUTIONS RECEIVED THIS PERIOD (add	d 22.a. and 22.b	o.)	\$						
23. OBLIGATIONS			1						
a. Unitemized Obligations Outstanding (\$100 or less each)		\$							
b. Itemized Obligations Outstanding (Over \$100 each)		\$							
c. TOTAL OBLIGATIONS OUTSTANDING (add 23.a. and 23.b.) (mus	t be shown i iter	n 12.f.)	\$						
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ITEMIZED STATEMENT OF CONTRIBUTIONS - CANDIDATE

NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	RING THE PERIOD
2 TOTAL ITEMIZED CAMPAION CONTRIBUT	IONO EDO		DE /		Amount
 TOTAL ITEMIZED CAMPAIGN CONTRIBUT COMPLETE THE APPROPRIATE ITEMS FOR EA 				<u> </u>	
First Name	Middle Nam		Contribution Received For:	100 from any contributor	Amount of Contribution
Substitution of the Control of the C	made Harre			_	Amount of Contribution
Last Name/Organization Name			Primary Election	General Election	
Address			Runoff (Local Election	s Only)	
State Zip Code			Date of Contribution		Aggregate This Election
Occupation					
Employer					
First Name	Middle Nan	ne	Contribution Received For		Amount of Contribution
Last Name/Organization Name	<u></u>		Primary Election	General Election	
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation					
Employer					
First Name	Middle Nam	е	Contribution Received For		Amount of Contribution
Last Name/Organization Name			☐ Primary Election [General Election	
Address			Runoff (Local Election		
City	State	Zip Code	Date of Contribution	Aggregate This Election	
Occupation					
Employer		***************************************			
First Name	Middle Nam	e	Contribution Received For:		Amount of Contribution
Last Name/Organization Name			☐ Primary Election ☐	General Election	
Address			Runoff (Local Election	ns Only)	
City	State	Zip Code	Date of Contribution		Aggregate This Election
Occupation		L.			
Employer					
TOTAL ITEMIZED CONTRIBUTIONS (Carry forward to item 3. of next page if additional pages (If this is the last page of contributions, this amount must					

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ITEMIZED STATEMENT OF IN-KIND CONTRIBUTIONS - CANDIDATE

1. NAME OF CANDIDATE OR COM	MMITTEE				2. REPORT COVER	RING THE PERIOD		
		No Market			FROM:	TO:		
3. TOTAL ITEMIZED IN-KIND CONTRIBUTIONS FROM PRECEDING PAGE (enter \$0 if first itemized page)								
4. COMPLETE THE APPROPRIATE IT						tributor during the period)		
First Name		Middle Name	9	In-Kind Contribution Received Primary Election	For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election				
Address			Date of In-Kind Contribution	Aggregate this Election				
City	y State Zip Code			Description of In-Kind Contribution				
Occupation	upation Employer							
First Name		N.C. de North		In Visual Contribution Description				
First Name		Middle Name	e	In-Kind Contribution Received Primary Election	General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election	s Only)			
Address	10000			Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Occupation Employer							
	Name of the same of							
First Name		Middle Name	9	In-Kind Contribution Received Primary Election	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election	s Only)			
Address		3000000	¥8	Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution		1		
Occupation	Employer							
			SING A MINER OF STREET STREET					
First Name		Middle Name	е	In-Kind Contribution Received Primary Election	d For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election				
Address				Date of In-Kind Contribution		Aggregate this Election		
City		State	Zip Code	Description of In-Kind Contribution				
Occupation	Employer							
First Name		Middle Name		In-Kind Contribution Received	ed For: General Election	Value of In-Kind Contribution		
Last Name/Organization Name				Runoff (Local Election				
Address				Date of In-Kind Contribution		Aggregate this Election		
City	18	State	Zip Code	Description of In-Kind Contribution		I		
Occupation	Employer							
C TOTAL ITEMPTED IN 1911	ATOID IT							
TOTAL ITEMIZED IN-KIND COI (Carry forward to item 3. of next page if as (If this is the last page of its kind contribute	dditional pages of	this form are	e used.)	,				
(If this is the last page of in-kind contributi	ons, triis amount	must be sho	wii in item 22b. of summary	.) Pag	e of	RDA 1159		

ITEMIZED STATEMENT OF EXPENDITURES - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE				2. REPORT COVER	ING THE PERIOD	
				FROM:	TO:	
					Amount	
3. TOTAL ITEMIZED CAMPAIGN EXPENDITU						
4. COMPLETE THE APPROPRIATE ITEMS FOR EA	ACH ITEMI	ZED EXPENDITURE (ex	openditures totaling more than \$100) to any payee during the per	iod)	
First Name	Middle Nan	ne	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name						
Address						
City	State Zip Code					
First Name Middle Name			Purpose of Expenditure	and the second s	Amount of Expenditure	
Last Name/Business Name						
Address		(() () () () () () () () () (
City	State	Zip Code				
First Name	Middle Nan	ne	Purpose of Expenditure	allesero (d. 4 F. lan R. Bisu (d. 5)	Amount of Expenditure	
Last Name/Business Name						
Address						
y State Zip Code						
First Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure	
First Name Last Name/Business Name	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure	
	Middle Nam	е	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name	Middle Nam	e Zip Code	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Address		Zip Code	Purpose of Expenditure		Amount of Expenditure Amount of Expenditure	
Last Name/Business Name Address City	State	Zip Code				
Last Name/Business Name Address City First Name	State	Zip Code				
Last Name/Business Name Address City First Name Last Name/Business Name	State	Zip Code				
Last Name/Business Name Address City First Name Last Name/Business Name Address	State Middle Nam	Zip Code e Zip Code				
Last Name/Business Name Address City First Name Last Name/Business Name Address City	State Middle Nam	Zip Code e Zip Code	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Address City First Name Last Name/Business Name Address City First Name	State Middle Nam	Zip Code e Zip Code	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Address City First Name Last Name/Business Name Address City First Name Last Name/Business Name	State Middle Nam	Zip Code e Zip Code	Purpose of Expenditure		Amount of Expenditure	
Last Name/Business Name Address City First Name Last Name/Business Name Address City First Name Last Name/Business Name Address	State Middle Nam State Middle Nam State	Zip Code Zip Code e Zip Code	Purpose of Expenditure		Amount of Expenditure	

ddres	S					
ity		State	Zip Code			
(OTAL ITEMIZED EXPENDITURES Carry forward to item 3. of next page if additional page f this is the last page of expenditures, this amount mu					
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ITEMIZED STATEMENT OF LOANS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE								2. REPORT COVERING THE PERIOD FROM: TO:		
3. COMPLETE THE APPROPRIATE ITEMS FOR EACH ITEMIZED LOAN (loans totaling more than \$100 from any source during the period)										
Complete the Followin	g for the Source of the Loan									
First Name	First Name Middle Name			Outstanding Loan Balance Loans (Beginning of Period) Received		Lo: Paym	9			
Last Name/Organization Name										
				reason to the same	oan Received For: Date of Loan Primary Election				1	
City	State	Zip Code			ry Election General Election If (Local Elections Only)					
	List All Endors	sers or Guara	intors for	r Above Loar	(If more spa	ce is needed	please attach a	page)		
First Name		Middle Name			First Name				Middle I	Name
Last Name/Organization N	lame	.			Last Name/Or	ganization Nan	ne			
Address					Address			***************************************		
City		State	Zip Co	de	City				State	Zip Code
Amount Guaranteed Outst	anding				Amount Guaranteed Outstanding					
First Name		Middle Name			First Name Middle Name					
Last Name/Organization N	lame				Last Name/Organization Name					
Address					Address					
City		State	Zip Coo	de	City				State	Zip Code
Amount Guaranteed Outsi	anding				Amount Guara	nteed Outstand	ding			
First Name		Middle Name			First Name				Middle	Name
Last Name/Organization N	lame	3116			Last Name/Organization Name					
Address				7//	Address		V			
City		State	Zip Coo	de	City				State	Zip Code
Amount Guaranteed Outst	anding				Amount Guaranteed Outstanding					
First Name		Middle Name			First Name		alaasiisaa lakkiisissa		Middle	Name
Last Name/Organization N	lame				Last Name/Organization Name					
Address				Address						
City		State	Zip Coo	de	City				State	Zip Code
Amount Guaranteed Outst	anding				Amount Guara	nteed Outstand	ding			
(Total loans received sho (Total loan payments sho	s (complete on last page of it build also be shown in item 16. on so build also be shown in item 20. on so alance should also be shown in item	ummary page.) ummary page.)			Outstanding Loan Balance Loans Loan Outstanding Loan Balar (Beginning of Period) Received Payments (End of Period)				Outstanding Loan Balance (End of Period)	
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ITEMIZED STATEMENT OF OBLIGATIONS - CANDIDATE

1. NAME OF CANDIDATE OR COMMITTEE	2. REPORT COVERING THE PERIOD					
				FROM:	TO:	
COMPLETE THE APPROPRIATE ITEMS F OBLIGATION (obligations totaling more than person/vendor at the end of the reporting person.)	Outstanding Balance (Beginning of Period)	Debt Incurred This Period	Payments This Period	Outstanding Balance (End of Period)		
First Name	Middle Nar	ne				
Last Name/Business Name			-			
Address						
City	State	Zip Code				
Description of Obligation				I,		
First Name	Middle Nar	ne			an E. Assessor	
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation						
First Name	Middle Nar	ne				
Last Name/Business Name						
Address			-			
City	State	Zip Code				
Description of Obligation					<u> </u>	L
First Name	Middle Nar	ne				
Last Name/Business Name						
Address					**	
City	State	Zip Code				
Description of Obligation		1				l
First Name	Middle Nar	ne				
Last Name/Business Name						
Address						
City	State	Zip Code				
Description of Obligation			15	1		L
4. TOTALS						
(Total from Outstanding Balance - (End of Period) of in item 23b. on summary page.)	olumn mus	t also be shown				
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